

Monroe County Department of Human Resources
39 West Main Street - Room 210
Rochester, NY 14614-1471

CHANGE OF ADDRESS FORM FOR: (please circle choice)

- **CIVIL SERVICE EXAMINATION APPLICATION**
- **PART-TIME APPLICANT**

EFFECTIVE DATE: _____

NAME: _____

SIGNATURE: _____

SOCIAL SECURITY #: _____

OLD ADDRESS: _____

NEW ADDRESS: _____

FOR EXAMS ONLY, PLEASE FILL IN COMPLETELY TO INSURE ACCURATE ADDRESS CHANGE

___ I HAVE SIGNED UP FOR THE FOLLOWING EXAMS:

___ I HAVE TAKEN THE FOLLOWING EXAMS:

<u>EXAM TITLE</u>	<u>EXAM NUMBER</u>	<u>SCORE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____